

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/597968</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
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6		⊙		/			56						
7		⊙		/			57						
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10		⊙		/			60						
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13		⊙		/			63						
14		⊙		/			64						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	13	←	14	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	15		15				TOTAL CLAIMS						